



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention – Solid Waste Management

**BWP SW 43 Landfill Closure Completion**

Application for Determination of Landfill Closure  
Completion and Post Closure Planning

Transmittal Number \_\_\_\_\_

Facility ID# (if known) \_\_\_\_\_

**A. Applicant Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Telephone

**B. Project Information**

**Page #**

**Plan/Report #**

**Page #**

**DEP Use Only**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**Directions:** Specify the plan/report and page numbers where the information is located. Enter "N/A" if information requested is not applicable.

**Important Note:** Engineering Plans must be stamped by a Registered Professional Engineer (PE). Property Line Location must be stamped by a Registered Land Surveyor (RLS).

1. Landfill Assessment summation report

a. Public health, safety or environmental concerns

b. Closure design description

2. Final Closure Construction

a. Construction report. Description of general construction activity especially unusual, unexpected or other changes to intended design.

b. As-Built Plans

(1) QA/QC documentation

310 CMR 19.106

(2) P.E. signed and stamped

(3) Construction Certification

310 CMR 19.107

3. Post Closure Requirements

a. Post closure maintenance plan

(1) Final cover evaluation



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**B. Project Information** (cont.)

**Page #**

	Plan/Report #	Page #	DEP Use Only
(2) Landfill gas controls	_____	_____	_____
(3) Leachate management	_____	_____	_____
(4) Surface water management	_____	_____	_____
(5) Erosion and sedimentation control	_____	_____	_____
b. Post closure monitoring plan	_____	_____	_____
(1) Sampling locations	_____	_____	_____
(2) Sampling frequency	_____	_____	_____
(3) Sampling parameters	_____	_____	_____
(4) Narrative summary of monitoring data (previous 5 years)	_____	_____	_____
c. Corrective action plan	_____	_____	_____
4. Post-closure use	_____	_____	_____
a. Description of post-closure use	_____	_____	_____
b. Specific post-closure use monitoring maintenance, and assessment methods	_____	_____	_____
5. Notice of Landfill Operator (19.141)	_____	_____	_____
6. Financial Assurance for Post-Closure Care (310 CMR 19.051)	_____	_____	_____
a. Mechanism (310 CMR 19.051(12))	_____	_____	_____
b. Amount (310 CMR 19.051(5))	_____	_____	_____
7. Reporting Requirements	_____	_____	_____
a. Identify all reporting requirements for inspection, assessment and environmental monitoring activities, etc	_____	_____	_____
b. Provide a summary table of all reporting requirements including item, frequency, and submission requirements	_____	_____	_____



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**C. Certification & Engineer's Supervision: 310 CMR 19.011**

**Engineer's Supervision:**

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
P.E. #

\_\_\_\_\_  
Date (MM/DD/YYYY)

**Responsible Official Certification:**

I attest under the pains and penalties of perjury that:

- (a) I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- (b) based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate, and complete;
- (c) I am fully authorized to bind the entity required to submit these documents and to make this attestation on behalf of such entity; and
- (d) I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties for submitting false, inaccurate, or incomplete information and possible fines and imprisonment for knowingly submitting false, inaccurate, or incomplete information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date (MM/DD/YYYY)